



OFFICE OF THE CITY LICENSE INSPECTOR  
320 EAST MCCARTY ST.  
JEFFERSON CITY, MO 65101  
PHONE: (573)634-6322 FAX: (573)634-6329  
EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)

## **NOT-FOR-PROFIT TEMPORARY LICENSE APPLICATION**

### REQUIREMENTS:

1. Completed license application.
2. **License must be carried on applicant/persons at all times.**
3. List of all employees basic information on each employee.
4. Proof of 501c(3) status.
5. Insurance certificate for liability insurance, for personal injury (minimum of \$300,000) and property damage (\$100,000).
6. All persons must be 16 years or older and wear a high visibility vest at all times and wear an I.D. badge, provided by the Finance Department.
7. If food items are a part of your wares, you must have signed authorization from the Community Development, Environmental Services Division that you meet the requirements established in the health code.

NOTE: Solicitation shall only take place at intersections of streets with no more than two lanes of travel (excluding turn lanes) where traffic has come to a complete stop and during daylight hours only. Areas where distribution is prohibited: Highway 50, Highway 54, Highway 63, Missouri Blvd., Ellis Blvd., Highway 179 or any intersection thereof. Solicitation may only take place during DAYLIGHT hours.

Date(s) License is Needed: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Temporary Location: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

Type of Goods to be Sold and Value of: \_\_\_\_\_

Name and Address of Manufacturer of Goods: \_\_\_\_\_

Method of Delivery of Goods (if delivered at a later date, you will need to file a surety bond with the City in the amount of \$10,000): \_\_\_\_\_

Vehicle Year/Make/Model/Color: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

IF THE FUNDS WILL BE GOING TOWARDS A FUNDRAISER PLEASE DESCRIBE: \_\_\_\_\_

EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

|                       |                      |                          |
|-----------------------|----------------------|--------------------------|
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |
| EMPLOYEE NAME: _____  |                      |                          |
| MALE OR FEMALE: _____ | DATE OF BIRTH: _____ |                          |
| HEIGHT: _____         | WEIGHT: _____        | DRIVER'S LICENSE # _____ |

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPROVAL SIGNATURES**

Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*